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Bib Data Sheet

CONFIRMATION NO. 3008

SERIAL NUMBER 09/669,177	FILING DATE 09/25/2000 RULE	CLASS 283	GROUP ART UNIT 3722	ATTORNEY DOCKET NO. 81531PF-P
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APPLICANTS
David L. Patton, Webster, NY;
Frank Pincelli, Rochester, NY;
H. Mark Delman, Fairport, NY;
James R. Forger JR., Spencerport, NY;

**** CONTINUING DATA *******
THIS APPLICATION IS A CIP OF 09/640,435 08/17/2000 - *myh*

**** FOREIGN APPLICATIONS ******* *None - myh*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 11/08/2000

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 10	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after <i>Myh</i>				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS
Milton S. Sales
Patent Legal Staff
Eastman Kodak Company
343 State Street
Rochester, NY 14650-2201

TITLE
Matching image characteristics of stamps and personal images to aesthetically fit into a personal postal product

FILING FEE RECEIVED 820	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit



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BIBDATASHEET

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CONFIRMATION NO. 3008

SERIAL NUMBER 09/669,177	FILING DATE 09/25/2000 RULE	CLASS 382	GROUP ART UNIT 2625	ATTORNEY DOCKET NO. 81531PF-P
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APPLICANTS

David L. Patton, Webster, NY;

Frank Pincelli, Rochester, NY;

H. Mark Delman, Fairport, NY; James R. Forger JR., Spencerport, NY;

**** CONTINUING DATA ******* *A-T*

This application is a CIP of 09/640,435 08/17/2000 ABN

**** FOREIGN APPLICATIONS ******* *None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED**** 11/08/2000**

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NY	SHEETS DRAWING 10	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 3
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

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		<input type="checkbox"/> Credit